

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		1				
4		1				
5		2				
6		1				
7		1				
8		2				
9		2				
10		1				
11	1					
12		1				
13		1				
14		1				
15		1				
16		1				
17		2				
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TOTAL IND.	3					
TOTAL DEP.	28	↔	↔	↔		
TOTAL CLAIMS	31	████████	████████	████████	████████	████████

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS	31	████████	████████	████████	████████	████████	████████	████████	████████	████████	████████	████████